



Town of North Hempstead

Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327
Tel. (516) 869-6311 Fax. (516) 869-7662
WWW.NORTHHEMPSTEAD.COM

FENCE PERMIT REQUIREMENTS SHEET

Refer to §2-9. of the Code of the Town Of North Hempstead

All Applications for a Residential Building Permit shall include the following documentation:

1. Two (2) copies of the completed Application for Fence Permit with ownership statement notarized on both copies.
2. Contractor insurance forms.
 - a. Liability Insurance naming the Town of North Hempstead as certificate holder
 - b. Workers' Compensation Insurance:
 - i. C-105.2 (private insurance), naming the Town of North Hempstead as certificate holder
 - ii. U-26.3 (from the State Insurance Fund), naming the Town of North Hempstead as certificate holder. For DEMOLITION, this form must specifically name or identify the address of property covered for demolition.
 - iii. SI-12 (self-insurance) does not name a certificate holder.
 - iv. GSI-105.2 (certificate of participation in WC Group self insurance), naming the Town of North Hempstead as certificate holder
 - c. CE-200 (exemption from WC and Disability). Must be submitted for each separate job or location of work.
 - d. Disability Insurance:
 - i. State of New York Workers Compensation Board form DB-120.1 (private insurance).
 - ii. DB-155 (self insurance) does not name a certificate holder.
3. Two (2) copies of a survey or plot plan indicating the location and length of the proposed fence.
4. Permit fee. Full fee will be determined by the Building Department and will be due prior to issuance of the Building Permit.

NOTES:

1. Fence installers must be licensed by the Town of North Hempstead. A general contractor may not install a fence.
2. Homeowners who wish to install a fence on their property shall file form BP-1(12/08) Affidavit of Exemption from New York State Workers' Compensation Insurances.

<p>Applicant shall provide complete information on all forms. Do not leave any item blank. Incomplete applications will not be accepted for filing.</p>
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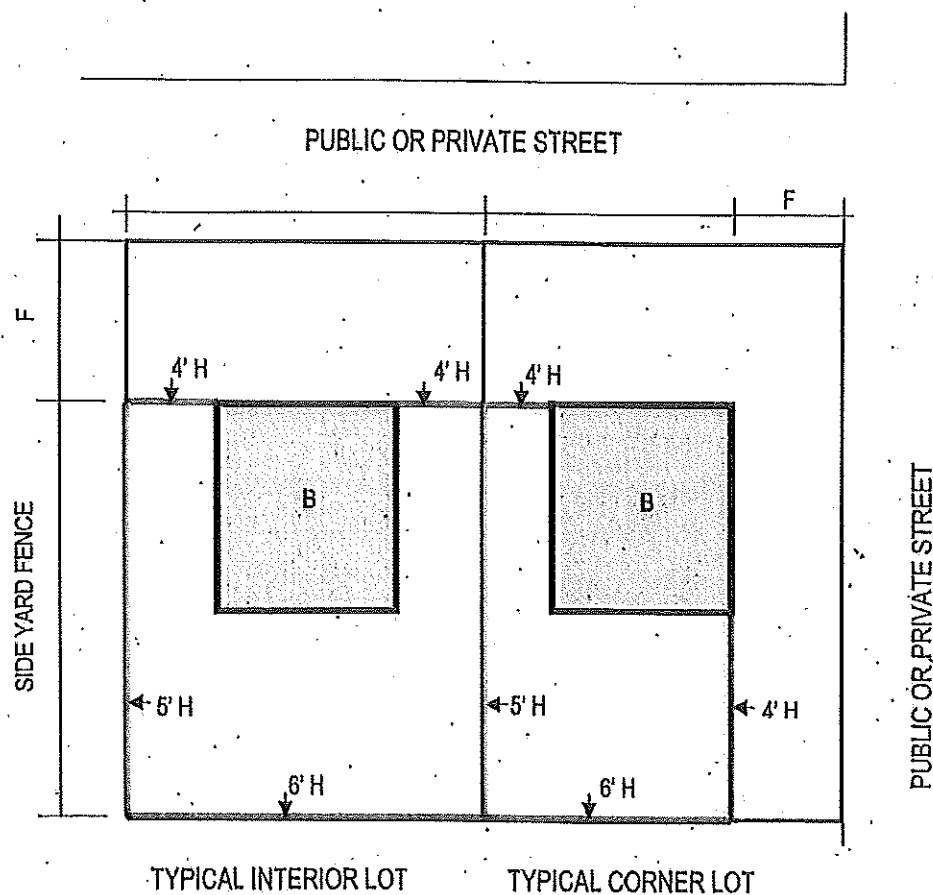
**LOCAL LAW 1 OF 2011
RESOLUTION NO 46-2011
ADOPTED BY THE TOWN BOARD ON JANUARY 25, 2011**

CHANGE TO PERMITTED FENCE HEIGHTS IN RESIDENCE DISTRICTS

This amends the permitted height restrictions for fences in residence districts as set forth in Section 70-100.2.

- maintains the four-foot maximum fence height at the front building line
- permits a five-foot maximum fence height along the side property lines, but not forward of the building line established by the front of the dwelling
- permits a six-foot maximum fence height at the rear property line
- fences located at any point in the area between a public or private street and the nearest effective building line are still prohibited

This schematic is to be used in conjunction with the above reference Town Board Resolution and/or Chapter 70 of the Town Code. It is not to be relied upon as a sole reference.



B = Building (House)

F = Front yard forward of the building line as established by the front of the dwelling



Application # _____

Permit #: _____

Certificate # _____

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APPLICATION FOR FENCE PERMIT

Issued Pursuant to §2-9 of the Code of the Town Of North Hempstead

Residential ☐

Commercial ☐

Legalization ☐

Section: _____ Block: _____ Lot(s): _____ Date: _____

Address of Permit Activity:

Street: _____ City: _____ State NY Zip: _____

Telephone Number: _____ Fax Number: _____

Property Owner's Information (where you live now):

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Applicant's Information:

Last: _____ First: _____ Corporation: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Description of Work:

- 1) Please indicate the total length of all fencing four (4) feet or less in height: _____
- 2) Please indicate the total length of all fencing above four (4) feet in height: _____
- 3) Will this fencing or any part of this fencing be used to enclose an in-ground pool? Yes (☐) No (☐)

Licensed Fence Installer: Corporation: _____

Last: _____ First: _____ License Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

No errors, omissions, or oversights on the part of the Plans Examiner shall release the design professional, applicant and/or owner of the responsibility to comply with all requirements of the New York State Building Code, the Laws of the Town of North Hempstead, and all other applicable codes and standards having authority over the work.

OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. I (we) agree to permit the Building Inspector and any officer or employee of the Town of North Hempstead to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Completion is issued. These plans shall be made available to the Building Inspector upon request.
3. Building Inspector shall be given a minimum forty-eight (48) hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
4. Owner or his/her representative shall be responsible to arrange for all required inspections.
5. Owner shall be responsible for the presence of the appropriate representative for the required inspection as directed by the Building Inspector.
6. Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner / applicant. Commencement of any work prior to the receipt and posting of the permit will result in the assessment of double fees penalties pursuant to §2-28 C of the Code of the Town of North Hempstead
7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
8. Occupancy or use of the premises without first obtaining Certificate of Completion / Approval is unlawful and may subject the owner of the premises to the penalties described in the Code of the Town of North Hempstead.

I _____ (Property Owner) deposes and says that he/she resides at _____ in the State of _____, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey, Section _____ Block _____ Lot (s) _____ situated, lying and being within the unincorporated area of the Town of North Hempstead; that I/we have read and understand items one (1) through nine (8) as here in stated, recognize that he/she is responsible for all activities occurring on the property, and that failure to comply with any of the items, notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Code of the Town of North Hempstead.

{Signature of Property Owner _____

{Sworn to me this ____ Day of _____, 20__

{Signature of Notary Public: _____

FOR OFFICIAL USE ONLY

Final Survey received _____	
Final Inspection Date _____	Inspector Signature _____



Application # _____

Permit #: _____

Certificate # _____

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{Signature of Property Owner _____

{Sworn to me this _____ Day of _____, 20____

{Signature of Notary Public: _____

FOR OFFICIAL USE ONLY

Final Survey received _____	
Final Inspection Date _____	Inspector Signature _____

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Municipality _____ County _____ </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) 	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: 	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other </div> Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another Involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.
Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

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